

# Department Of Industrial Accidents

## Information Technology

### HOW TO – Submit a form 101 online

1. Log in to CMS with your username/password
2. Click 'Expand' (red button) under the Application menu tree
3. Click on the 'On Line Forms Submitted By Public' menu item.
4. You are then redirected to the online forms menu page.

The screenshot shows a web browser window titled "Massachusetts Department of Industrial Accidents - Online Forms". The address bar shows the URL: <https://daboapp-test.da.state.ma.us/pls/htmlbdl?tp=999:1:3869351660608305>. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The toolbar shows various icons for navigation and search. The main content area has a blue header with the text "Massachusetts Department of Industrial Accidents - Online Forms" and "Select a Form". Below this, there are buttons for "Reset", "Continue", and "Return". A section titled "General Instructions:" contains text about adding transmittal# and Board# and a note about filing DIA forms online. A list of forms is provided, with "Form 101 -- First Report Of Injury" selected. Below the list, there is a section "Query a Claim for the selected Form" with instructions for Step 2 (Optional). At the bottom, there are input fields for "Board#" and "Employee Last Name" or "SSN". The footer shows "User: YAFAR Language: en-US" and "Copyright © 2004. All rights reserved."

Massachusetts Department of Industrial Accidents - Online Forms  
Select a Form

Reset Continue Return

**General Instructions:**  
Please note to add the transmittal# and Board# if known to every attachment or supporting document filed with the form.  
Supporting documents can be sent via facsimile to 617-727-4551.

**Please Note: Filing DIA forms online does not fulfill your obligation by statute to notify all necessary parties of this filing**

The following list of forms can be submitted online.  
Step 1: Select a Form by clicking on the radio button next to the form name.

- ☒ Form 101 -- First Report Of Injury
- ☐ Form 103 -- Insurer's Notification Of Payment
- ☐ Form 104 -- Insurer's Notification Of Denial
- ☐ Form 106NM -- Insurer's Notification Of Modification Of Weekly Compensation During Payment Without Prejudice Period
- ☐ Form 106NT -- Insurer's Notification Of Termination Of Weekly Compensation During Payment Without Prejudice Period
- ☐ Form 107GT -- Insurer's Notification Of General Termination Of Weekly Compensation
- ☐ Form 107 RC/NM -- Insurer's Notification Of Resumption Or Modification Of Weekly Compensation
- ☐ Form 108 -- Insurer's Complaint For Modification, Discontinuance Or Recoupement Of Compensation
- ☐ Form 110 -- Employee Claim
- ☐ Form 114 -- Notice Of Change/Appeal Of Counsel
- ☐ Form 114 -- Review Board Notice Of Change/Appeal Of Counsel
- ☐ Form 115TPC -- Third Party Claim
- ☐ Form 115TPL -- Third Party Notice Of Lien
- ☐ Form 116 -- Request For Lump Sum Conference

**Query a Claim for the selected Form**

Step 2 (Optional): To query a claim for the form selected, please enter last name of the Employee and Board Number of the Claim.  
This will save data entry time by automatically bringing all the required data to the screen.

Note: Last Name and Board# or Last Name and SSN are required for Third Party Notice of Lien (115TPL) and Notice of Change/Appeal of Counsel (Form 114)  
Note: Last Name and Board# or Last Name and SSN will be ignored for First Report of Injury (101)

Board#

Employee Last Name  OR SSN

User: YAFAR Language: en-US Copyright © 2004. All rights reserved.

Done Local intranet 100%

5. Choose Form 101 – First Report of Injury and press 'Continue'.

In addition to the walkthrough in this document, please also refer to the instructions on the web pages.

6. **Locate the employer** that you need to file the 101 for. You can either enter the EIN number or search by employer name. You can use wild card for a partial search. For example to locate 'ACME building and construction Inc' you can either enter 'ACME' or 'ACME build%' or '%ACME%'. Each search may retrieve a different result, if you cannot find the correct employer you might need to refine it.

The screenshot shows a web browser window titled 'Search - Windows Internet Explorer' with the address bar displaying 'https://diaboapp-test.dia.state.ma.us/pls/htmlbody?p=21017:1:334079835332679'. The browser's address bar, menu bar, and toolbar are visible. The page content includes a yellow banner with 'Test Environment!' and the Department of Industrial Relations logo. A 'Company' tab is selected. On the left, a 'Company' sidebar has a 'Search' link. The main form, 'Locate The Employee's Company', contains input fields for 'Claimant Employer's Name', 'Federal Employer Identification Number (EIN)', 'Mass. Employer Identification Number (EIN)', 'Street (Name Only - no Rd, St, etc.)', 'City', and 'ZIP Code'. A red arrow labeled 'ein' points to the 'Federal Employer Identification Number (EIN)' field. A red arrow labeled 'EmployerName' points to the 'Claimant Employer's Name' field. A red circle highlights the 'Search' button, with a red arrow pointing to it from the left. Below the form, a 'Notes' section contains the following text: 'It is highly recommended that you enter at least your Company Name and Federal EIN.', '- You must search on at least one of the following: Company Name, Federal EIN, City, or ZIP Code.', '- The more fields you enter, the more likely your company will be shown at the top of the list.', '- This search may take up to 1 minute to run.', and '- This form is not complete until you select Submit on the last page and receive a Transmittal number.' The footer of the page reads 'Copyright © 2002. All rights reserved.' and the browser status bar shows 'Done' and 'Local intranet'.

press 'Search' to retrieve the list of employers.

7. **Select a company from the result list that matches the employer by pressing the company name.**

If you cannot locate the employer after attempting multiple searches, you can press 'New Company'. You will be requested to enter the employer information at a later step. Please choose this option only after search attempts failed to locate your requested employer.

Company - Windows Internet Explorer

https://diaboapp-test.dia.state.ma.us/pls/htmldb/www\_flow.accept

File Edit View Favorites Tools Help

Company

Test Environment !

Print

Search

**Company**

Please attempt to match both your company name and address from the list below. If you see your company, but the address has changed, please select the company and then [notify the DIA](#) of the necessary changes.

Company (Select)	Federal EIN	Address	Score
<a href="#">ABC TESTING</a>	-	95 FIRST ST BRIDGEWATER, MA 02324	80
<a href="#">ABC TESTING INC</a>	-	95 FIRST ST BRIDGEWATER, MA 02324	80

**Notes**

- If your company does not appear in the list above, please return to the previous screen and alter your search criteria. Consider entering only a portion of the company name.
- If you are unable to locate your company after several attempts, please go directly to the First Report of Injury screen by selecting the New Company button below.
- This form is not complete until you select Submit on the last page and receive a Transmittal number.

< Previous New Company

Done Local intranet 100%

8. **Choose the employer's address from the list.** You may have more than one address to choose from.

If you cannot locate the employer's address on the list, you can press 'My Address Does Not Appear Above/New Address' you will be requested to add the new address at a later step.

The screenshot shows a web browser window titled "Notifications - Windows Internet Explorer". The address bar displays a URL: [https://diaboapp-test.dia.state.ma.us/pls/htmltbl/f?p=21017:3:39407983532679::NO::F21017\\_P6\\_COMP\\_ID:627771](https://diaboapp-test.dia.state.ma.us/pls/htmltbl/f?p=21017:3:39407983532679::NO::F21017_P6_COMP_ID:627771). The browser's Favorites bar includes links for "Login Page", "Suggested Sites", "Free Hotmail", "Get more Add-ons", "DM01 OnBase 11.0.2.161 [...]", "Dashboard", and "MS-ISAC Cyber Tips Newsle...".

The main content area features a "Company" section with a search bar and a list of results. The first result is "Company ABC TESTING" with the address "95 FIRST ST BRIDGEWATER, MA 02324" and "Fed EIN: Unknown Phone: Unknown". A red arrow points to the address "95 FIRST ST".

Below the company information is a "Notification Address" section with the text: "Many companies have multiple locations. Please select the location to which correspondence regarding this incident should be sent." This section contains a table with two columns: "Address 1" and "Address 2". The first row shows "95 FIRST ST" under "Address 1" and "BRIDGEWATER, MA 02324" under "Address 2".

Below the table is a "Notes" section with the following text: "If your address appears in the list above, please select it from the list. If your address does not appear in the list above, please select previous page and attempt to find a better match. If a better match does not exist, please select the New Address button below. This form is not complete until you select Submit on the last page and receive a Transmittal number. Please select from the list above (or on the previous page) if possible. Please avoid clicking New Address below if the correct address appears above." Below the notes are two buttons: "< Previous" and "My Address Does Not Appear Above / New Address".

The footer of the page includes "Copyright © 2002, All rights reserved" and "Local intranet".

9. **Choose the incident address.** You may have more than one address to choose from.

If you cannot locate an address where in the incident occurred on the list, you can press 'New Incident Address' you will be requested to add the new address at a later step.

The screenshot shows a web browser window titled "Incident - Windows Internet Explorer". The address bar displays a URL from "diaboapp-test.dia.state.ma.us". The page has a blue header with the "Department of Homeland Security" logo and a "Test Environment !" warning. A sidebar on the left contains a "Company" menu with options for "Search", "Company", "Notifications", and "Incident". The main content area is divided into two sections: "Company" and "Incident Address". The "Company" section displays details for "ABC TESTING" at "95 FIRST ST, BRIDGEWATER, MA 02324". The "Incident Address" section prompts the user to "Please select the address at which the incident occurred." and lists a single address: "95 FIRST ST - BRIDGEWATER, MA 02324". A red arrow points to this address entry. Below the address list is a "Notes" section with instructions and a "New Incident Address" button. The footer includes a copyright notice and a "Local intranet" status bar.

Company		
Company	ABC TESTING	
	95 FIRST ST	
	BRIDGEWATER, MA 02324	
Fed EIN:	Unknown	Phone: Unknown

Incident Address		
Please select the address at which the incident occurred.		
Address 1	Address 2	City
95 FIRST ST	-	BRIDGEWATER, MA 02324

**Notes**

- If the incident address does not appear in the list above, please go directly to the First Report of Injury screen by selecting the New Incident Address button below.
- This form is not complete until you select Submit on the last page and receive a Transmittal number.
- **Please select from the list above if possible. Please avoid clicking New Address below if the correct address appears above.**

< Previous      New Incident Address

10. **Enter the Employee information.** Required fields are marked with an \*  
press 'Next' when you're done.

Employee - Windows Internet Explorer

https://diaboapp-test.dia.state.ma.us/pls/htmldb/f?p=21017:5:334079835332679::NO::F21017\_P7\_INJ\_ADD\_ID:262480

File Edit View Favorites Tools Help

Favorites Login Page Suggested Sites Free Hotmail Get more Add-ons DM01 OnBase 11.0.2.161 Dashboard MS-ISAC Cyber Tips Newsle... ITD Eo504 Compliance Appl...

Employee

Test Environment !

Print

Company Form 101

**Form 101**  
Employee

**Employee**

\* Employee's Name (First, MI, Last, Suffix)  
[Text Box] -Select-

Home Telephone Number [Text Box] Social Security Number [Text Box] \* Sex  
[Text Box] [Text Box] [Text Box] -Select-

\* Home Address  
[Text Box]

Home Address (Line 2)  
[Text Box]

\* City [Text Box] \* State -Select- \* ZIP Code [Text Box]

Marital Status -Select- No. of Dependents -Select- Native Language  
[Text Box] [Text Box] ENGLISH

\* Date of Hire (mm/dd/yyyy) [Text Box] \* Date of Birth (mm/dd/yyyy) [Text Box]

\* Average Weekly Wage [Text Box] ☐ Actual ☐ Estimated

Next >

**Notes**

- This form is not complete until you select Submit on the last page and receive a Transmittal number.

\*Disclosure of Social Security Number is Voluntary. It will aid in the processing of your report.

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Done Local intranet 100%



11. **Select an insurer** by clicking on the magnifying glass to the right of the insurer name field

The screenshot shows a web browser window titled "Employer - Windows Internet Explorer" with the address bar displaying "https://diaboapp-test.dia.state.ma.us/pls/htmlbody/www\_flow.accept". The browser's Favorites bar includes links like "Login Page", "Suggested Sites", "Free Hotmail", and "Get more Add-ons". The page header features the "Test Environment!" banner and a "Print" button. The main content area is titled "Form 101" and includes a sidebar with "Employee" and "Employer" tabs. The "Employer" tab is active, showing pre-selected information for "ABC TESTING" at "95 FIRST ST, BRIDGEWATER, MA 02324". Below this, the "Insurance Information" section contains a field for "Worker's Compensation Insurance Carrier" with a magnifying glass icon circled in red. A callout box points to this icon with the text: "Press on the Magnifying glass To select an insurer from a list". Other fields include "W.C. Policy Number", "Insurer's Case File Number", and a "Self-Insured?" section with "No" and "Yes" radio buttons. A "Next >" button is located at the bottom of the form. A "Notes" section at the bottom states: "This form is not complete until you select Submit on the last page and receive a Transmittal number." The footer includes "Copyright © 2002. All rights reserved." and a "Local intranet" status bar.

Employer - Windows Internet Explorer  
https://diaboapp-test.dia.state.ma.us/pls/htmlbody/www\_flow.accept

Test Environment!

Company Form 101

Form 101  
Employee  
Employer


**Employer (Pre-Selected)**  
ABC TESTING  
95 FIRST ST  
BRIDGEWATER, MA 02324  
Fed EIN: Unknown Phone: Unknown

The above information is based upon information previously supplied. If this information is incorrect please notify the [Claims Department at the DIA](#).

**Address (Pre-Selected)**  
ABC TESTING  
95 FIRST ST  
BRIDGEWATER, MA 02324  
Phone: Unknown

The above information is based upon information previously supplied.

**Insurance Information**

\* Worker's Compensation Insurance Carrier (Please click on  to select a carrier)

W.C. Policy Number Insurer's Case File Number

\* Self-Insured? ☐ No ☐ Yes If Yes, Self-Insurer Number

Next >

**Notes**  
- This form is not complete until you select Submit on the last page and receive a Transmittal number.

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Done Local intranet 100%

A new POP UP window will display, search for the appropriate insurer and select it. Use the 'Name' field to narrow the list.

Enter to locate the Insurer. You can use Wild card

Press when done

**Search Items**

Name: %common%

**Company List**

**Name**

- [Select](#) 21ST CENTURY ADVANTAGE INSURANCE CO
- [Select](#) 21ST CENTURY ASSURANCE CO
- [Select](#) 21ST CENTURY PACIFIC INSURANCE CO
- [Select](#) A AND P TEA CO
- [Select](#) A W CHESTERTON COMPANY
- [Select](#) ABC MASS WORKERS COMP SIG
- [Select](#) ABF FREIGHT SYSTEM INC
- [Select](#) ACADIA INSURANCE COMPANY
- [Select](#) ACCIDENT FUND GENERAL INS
- [Select](#) ACCIDENT FUND INS CO OF AMERICA
- [Select](#) ACCIDENT FUND NATIONAL INS
- [Select](#) ACE AMERICAN INSURANCE COMPANY

row(s) 1 - 12 of more than 500



the list will retrieve insurers that match the name you entered

Search Company - Windows Internet Explorer

**Search Items**

Name

**Company List**

	Name
<a href="#">Select</a>	COMMONWEALTH OF MASS
<a href="#">Select</a>	COMMONWEALTH TRANSPORTATION SIG

1 - 2

Click the 'Select' to the left of the required insurer

After pressing 'Select', the insurer name will be populated in the insurer field.

Fill in the other fields accordingly for other information you may have and press 'Next'

Employer - Windows Internet Explorer

https://diaboapp-test.dia.state.ma.us/pls/htmlbody/www\_flow\_accept

File Edit View Favorites Tools Help

Favorites Login Page Suggested Sites Free Hotmail Get more Add-ons DM01 OnBase 11.0.2.161 [...] Dashboard MS-ISAC Cyber Tips Newsle... ITD Eo504 Compliance Appl...

Employer

**Test Environment !**

Company Form 101

**Form 101**

Employee

Employer

**Employer (Pre-Selected)**

ABC TESTING  
95 FIRST ST  
BRIDGEWATER, MA 02324  
Fed EIN: Unknown Phone: Unknown


The above information is based upon information previously supplied. If this information is incorrect please notify the [Claims Department at the DIA](#).

**Address (Pre-Selected)**

ABC TESTING  
95 FIRST ST  
BRIDGEWATER, MA 02324  
Phone: Unknown

The above information is based upon information previously supplied.

**Insurance Information**

\* Worker's Compensation Insurance Carrier (Please click on  to select a carrier)

COMMONWEALTH OF MASS

W.C. Policy Number Insurer's Case File Number

\* Self-Insured? ☐ No If Yes, Self-Insurer Number ☐ Yes

**Next >**

**Notes**

- This form is not complete until you select Submit on the last page and receive a Transmittal number.

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Local intranet 100%

12. **Fill in the Incident Information.** Required fields are marked with an \*

Click on the icons to the right of the Body Parts and Nature of Injury and a pop up will display for selection.

Also if you pressed new company/new address/new incident address previously this is where you will have to fill these fields.

**Form 101**

**Injury Dates**

- \* Date of Injury
- \* FIRST day of Total or Partial Incapacity to Earn Wages (mm/dd/yyyy)
- FIFTH day of Total or Partial Incapacity to Earn Wages (mm/dd/yyyy)
- If Employee has Died, Date of Death (mm/dd/yyyy)

**Location of Injury (Pre-selected)**

95 FIRST ST  
BRIDGEWATER, MA 02324  
Phone: Unknown

**Injury Information**

- \* Was Employee Injured on Employer's Premises?  
☐ Yes ☐ No
- \* Briefly Describe How Injury/Exposure Occurred and Body Part(s) involved
- Person to Whom Injury was Reported (First Name, Last Name)
- Position of Person Reported to
- \* Date Reported (mm/dd/yyyy)
- \* Date Reported as work related (mm/dd/yyyy)

For the items below, select the list of values icon for a list of available codes.

* Nature of Injury/Illness	* Body Part Affected	Source of Injury
a. <input type="text"/>	<input type="text"/>	<input type="text"/>
b. <input type="text"/>	<input type="text"/>	<input type="text"/>
c. <input type="text"/>	<input type="text"/>	<input type="text"/>

13. Press 'Next' at the bottom of the page when completing this page

The screenshot shows a web browser window titled 'Injury - Windows Internet Explorer'. The address bar shows a URL starting with 'https://disboapp-test.dia.state.ma.us'. The browser's toolbar includes 'File', 'Edit', 'View', 'Favorites', 'Tools', and 'Help'. Below the toolbar, there are several tabs and a search bar. The main content area displays a form titled 'injury information'. The form includes the following sections:

- Was Employee Injured on Employer's Premises?** with radio buttons for 'Yes' and 'No'.
- Briefly Describe How Injury/Exposure Occurred and Body Part(s) involved** with a large text area.
- Person to Whom Injury was Reported (First Name, Last Name)** and **Position of Person Reported to** with text input fields.
- Date Reported (mm/dd/yyyy)** and **Date Reported as work related (mm/dd/yyyy)** with date pickers.
- For the items below, select the list of values icon [icon] for a list of available codes.**
- Nature of Injury/Illness** with a list of items (a. through g.) and dropdown menus.
- Body Part Affected** with a dropdown menu.
- Source of Injury** with a dropdown menu.
- Witness(es) to Injury - Give Full Name(s), if NONE state as such** with a text input field.
- Has Employee Returned to Work?** with radio buttons for 'Yes' and 'No'.
- Date Employee Returned to Work (mm/dd/yyyy)** with a date picker.
- Employee's Regular Occupation** with a text input field.
- Has Employee Returned to Regular Occupation?** with radio buttons for 'Yes' and 'No'.
- Next >** button, which is circled in red.
- Notes** section with a text area.

At the bottom of the form, there is a note: '- This form is not complete until you select Submit on the last page and receive a Transmittal number.' The browser's status bar at the bottom shows 'Local intranet' and '100%' zoom.

14. Please review the information entered and sign below. If you need to correct any of the information, use the links on the left to return to the appropriate section for correction.

Submission - Windows Internet Explorer

https://daboapp-test.dia.state.ma.us/plyhtmls/view\_flow.accept

File Edit View Favorites Tools Help

Submission

Company Form 101

**Form 101**  
Employee  
Employer  
Injury  
Submission

<b>Employee</b> JOHN DOE Home Phone: 617-333-1234 Social Security Number: -- Sex: M  Home Address: 1 AVENUE BLVD BOSTON, MA 02111  Marital Status: Dependents: 0 Native Language: ENGLISH Hire Date: 01/01/2000 Birth Date: Weekly Wage: 111 Estimated	<b>Employer</b> ABC TESTING 95 FIRST ST BRIDGEWATER, MA 02324 Fed EIN: Unknown Phone: Unknown  Notification Address: ABC TESTING 95 FIRST ST BRIDGEWATER, MA 02324 Phone: Unknown  Worker's Comp Insurer: COMMONWEALTH OF MASS Policy No.: Self Insured: N Number: Insurer's Case File Number:
---	---

**Injury Information**

<b>Date of Injury:</b> 01/01/2014 FIRST day of Total or Partial Incapacity to Earn Wages: 01/01/2014 FIFTH day of Total or Partial Incapacity to Earn Wages: 01/05/2014 Date of Death:  Description: ENTER INJURY DESCRIPTION  Injury Reported To: . Date Reported: 01/01/2014 Date Reported Work Related: 01/01/2014  Nature of Injury/Illness      Body Part Affected      Source of Injury 152      110  Witnesses: WITNESS 1 AND WITNESS 2	<b>Location of Injury:</b> 95 FIRST ST BRIDGEWATER, MA 02324 Phone: Unknown Injured on Employer's Premises? Y
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Done Local Intranet 100%

15. Enter your information and press Submit to conclude.

Submission - Windows Internet Explorer

https://diabosapp-test.dia.state.ma.us/.../flow\_accept

File Edit View Favorites Tools Help

Submission

COMMONWEALTH OF MASS  
Policy No.: Self Insured: N Number:  
Insurer's Case File Number:

**Injury Information**

**Date of Injury:** 01/01/2014  
FIRST day of Total or Partial Incapacity to Earn Wages: 01/01/2014  
FIFTH day of Total or Partial Incapacity to Earn Wages: 01/05/2014  
Date of Death:

Location of Injury:  
95 FIRST ST  
BRIDGEWATER, MA 02324  
Phone: Unknown  
Injured on Employer's Premises? Y

Description: ENTER INJURY DESCRIPTION

Injury Reported To:  
Date Reported: 01/01/2014 Date Reported Work Related: 01/01/2014

Nature of Injury/Illness: 152 Body Part Affected: 110 Source of Injury:

Witnesses: WITNESS 1 AND WITNESS 2

Has Employee Returned to Work? N Date Returned:

Employee's Regular Occupation: ENTER OCCUPATION Has Employee Returned to Regular Occupation? N

**Submission**

This form must be filed by the employer or an authorized agent/representative of the employer.

\* EMPLOYER'S Name (First Name, MI, Last Name) \* Title

\* Preparer's Email Address \* Are you the employer or an authorized representative?  
Yes No

Submit

**Notes**

- This form is not complete until you select Submit and receive a Transmittal number.  
- If any information above is incorrect, please use the links at the left to return to the appropriate sections.

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Done Local intranet 100%

Press to submit the form

Enter your information

16. You should receive a **DIA Transmittal number** for your records. Keep this number for future reference or until you are assigned a DIA Board Number. You may print a copy for your records by selecting the 'Print' on the upper right corner. Follow the instruction for submitting another form or returning to the DIA Application Tree.

**In case a transmittal number is not provided - the form has not been received by the department.**

Form 101 - Windows Internet Explorer

https://diaoapp-test.dia.state.ma.us/pls/hzmid/www\_flow.accept

File Edit View Favorites Tools Help

Form 101

Test Environment

Form 101 Submitted

Click for a copy

Print

**Actions**

**- DO NOT USE YOUR BROWSER'S BACK BUTTON**

- To print this form, please select print at the upper right, a new window will open, use your browser's print feature and press 'Close' when done.
- To create a new incident for a different company, select Clear All.
- To create a new incident for the same company, select New Incident.
- To duplicate this incident for a different employee, select Duplicate Incident.

Clear All New Incident Duplicate Incident Return to DIA Home Page

**Substitute Form 101**

**Your Transmittal Number is 153059**

Employee	Employer
JOHN DOE Home Phone: 617-333-1234 Social Security Number: -- Sex: M	ABC TESTING 95 FIRST ST BRIDGEWATER, MA 02324 Fed EIN: Unknown Phone: Unknown
Home Address: 1 AVENUE BLVD BOSTON, MA 02111	Notification Address: ABC TESTING 95 FIRST ST BRIDGEWATER, MA 02324 Phone: Unknown
Marital Status: Dependents: 0 Native Language: ENGLISH Hire Date: 01/01/2000 Birth Date: Weekly Wage: 111 Estimated	Worker's Comp Insurer: COMMONWEALTH OF MASS Policy No.: Self Insured. N Number: Insurer's Case File Number:

**Injury Information**

<b>Date of Injury:</b> 01/01/2014 FIRST day of Total or Partial Incapacity to Earn Wages: 01/01/2014 FIFTH day of Total or Partial Incapacity to Earn Wages: 01/05/2014 Date of Death:	<b>Location of Injury:</b> 95 FIRST ST BRIDGEWATER, MA 02324 Phone: Unknown Injured on Employer's Premises? Y
---	---

Description: ENTERED IN IVDV DESCRIPTION

Done

Local intranet

100%

Follow Instructions To continue